

BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

TERESA L. HOPKINS,

Registered Nurse License No. 463037

Respondent.

Case No. 2007-309

OAH No. 2008010922

DECISION

The attached Proposed Decision of the Administrative Law Judge is hereby adopted by the Board of Registered Nursing as its Decision in the above-entitled matter.

This Decision shall become effective on August 25, 2008.

IT IS SO ORDERED July 24, 2008.

LaTranene W Tate

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BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

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PROPOSED DECISION

Administrative Law Judge Ruth S. Astle, State of California, Office of Administrative Hearings, heard this matter in Oakland, California, on May 9, 2008.

Maretta D. Ward, Deputy Attorney General, represented complainant.

Respondent was present and represented herself.

Submission of the matter was deferred to May 16, 2008, for receipt of further evidence, which was received, marked for the record and considered. The matter was submitted on May 16, 2008.

FACTUAL FINDINGS

1. Ruth Ann Terry, M.P.H., R.N., made the accusation in her official capacity as the Executive Officer of the Board of Registered Nursing, Department of Consumer Affairs.
2. On March 31, 1991, the Board issued Registered Nurse License Number 463037 to Teresa L. Hopkins (respondent). Respondent's registered nurse license was in full force and effect at all times relevant to this matter and will expire on August 31, 2008, unless renewed.
3. Five controlled substances are at issue in this matter: Oxycontin (oxycondone), Duragesic (Fentanyl patch), Valium (diazepam), Percocet (oxycodone hydrochloride and acetaminophen), and Roxanol (morphine sulfate). All the controlled substances are Schedule II controlled substances as designated by Health and Safety Code section 11055, except Valium, which is a Schedule IV controlled substance as designated by Health and Safety Code section 11057.

4. On June 16, 2005, in the Superior Court of Santa Cruz County, respondent was convicted on her plea of nolo contendere to two counts of violating Penal Code section 470, subdivision (b) (forging the handwriting of another with intent to defraud) and one count of violating Health and Safety Code section 11368 (forging or altering a prescription).

On October 6, 2005, in the Superior Court of Santa Cruz County, respondent was convicted on her plea of nolo contendere to violating Vehicle Code section 23152, subdivision (a) (driving under the combined influence of alcohol and drugs).

5. On July 26, 2004, respondent used alcoholic beverages to an extent and in a manner dangerous to herself and others.

6. On June 16, 2005, and October 6, 2005, respondent was convicted of criminal offenses involving the unlawful prescription of controlled substances and the consumption of alcoholic beverages.

7. On July 5, 2003, and August 18, 2003, respondent obtained Oxycontin and Fentanyl by fraud, deceit, misrepresentation, and subterfuge. Between 2000, and October 2003, respondent, by her own admission, obtained the controlled substances morphine sulfate and Fentanyl by taking the medications from her employer's drug supply at least 20 times and falsifying drug records to conceal her diversion.

8. On July 5, 2003, and between 2000, and October 2003, respondent possessed the controlled substances Oxycontin and morphine sulfate without valid prescriptions from a proper health care professional.

9. On July 5, 2003, and between 2000, and October 2003, respondent self-administered unknown quantities of Oxycontin and morphine sulfate without lawful authority.

10. Between 1991, and August 29, 2003, while licensed as a registered nurse, respondent used controlled substances morphine sulfate, Fentanyl, Valium, and Percocet to an extent and in a manner dangerous to herself and others such that her use impaired her ability to conduct her nursing duties safely.

From approximately July 1991, to January 1998, respondent worked as a registered nurse in the Intensive Care and Telemetry Units at Dominican Santa Cruz Hospital, Santa Cruz, California (SCH). Respondent, by her own admission, began self-administering "unwasted" morphine sulfate in 1995, and performed her nursing duties while under the influence of morphine sulfate and other drugs. Respondent was placed on a leave of absence after she was discovered diverting morphine sulfate from the hospital. Respondent was subsequently allowed to return to work in the Medical Record Unit at the hospital, but was terminated from her employment in July 1998, due to her continued substance abuse.

11. From approximately June 2000, to October 2003, respondent worked as a registered nurse at Pacific Coast Manor. Respondent, by her own admission, abused her prescription Fentanyl patches and became "too sick to function." Respondent also diverted drugs, including Fentanyl, from patients to keep from going into withdrawal and self-administered the drugs before reporting for work or while on duty as a registered nurse.

12. On August 29, 2003, respondent was transported via ambulance to the Dominican SCH Emergency Department. Paramedics reported that cleaning staff found respondent face down in a pool of vomit and blood in a Santa Cruz hotel. Respondent was stabilized and treated in the Intensive Care Unit. Respondent admitted that she attempted suicide by taking an overdose of various controlled substances, including 60 Valium tablets and an unknown number of Percocet tablets, and by using three Duragesic patches. On September 3, 2003, respondent was diagnosed as being a danger to herself and was involuntarily hospitalized at Dominican SCH's Behavioral Health Unit.

13. Between December 3, 2002, and March 22, 2003, while employed and on duty as a registered nurse at Hospice Caring Project, Aptos, California, respondent diverted controlled substances. Between January 3, 2003, and March 22, 2003, respondent obtained the controlled substances Roxanol and Fentanyl by fraud, deceit, misrepresentation, and subterfuge. Specifically, on December 3, 2002, February 4 and 8, March 7 and 18, 2003, respondent forged prescriptions for Fentanyl and Roxanol for her own use, using the name of two different patients and forging the signatures of two different physicians.

14. On and Between January 3, 2003, and March 22, 2003, respondent possessed various quantities of the controlled substance Roxanol without valid prescriptions from a proper health care professional.

15. On and between December 3, 2002, and March 22, 2003, respondent prescribed several quantities of the controlled substances Roxanol and Fentanyl for patients. Further on March 27, 2003, respondent wrote a false prescription for Fentanyl patches and Roxanol for patients under the name of a physician and forged that physician's signature. The prescriptions were voided and not dispensed to respondent.

16. Between December 2002, and March 2003, respondent self-administered the controlled substance Roxanol without lawful authority.

17. On March 27, 2003, while employed and on duty as a registered nurse at Hospice Caring Project, Aptos, California, respondent attempted to obtain the controlled substances Fentanyl and Roxanol by fraud, deceit, misrepresentation, and subterfuge, in violation of the law.

18. Respondent stipulated to the truth of all the charges contained in the accusation.

19. Respondent has chosen to live in a clean and sober residence. Respondent presented a letter from her landlord, Cora Williams. Ms. Williams has known respondent for five years, "in recovery." Respondent moved into a clean and sober residence in February 2008.

20. Respondent presented a letter from her AA sponsor. She has been respondent's sponsor for one and one-half years. Respondent's sponsor confirms that respondent is working the 12-step program and in the past year respondent has been committed to staying clean and sober.

21. Respondent presented an additional letter from a co-worker. The co-worker finds respondent to be competent, skilled, kind and caring. Respondent is employed at Camp Recovery Center. It is a treatment center for alcohol and drug abuse patients. She assesses and treats "detox" symptoms. She does not have access to any controlled substances through this employment.

Respondent is on a leave of absence from Camp Recovery Center while she completes her own treatment program at New Life Center. She attends individual and group counseling, education and relapse prevention meetings. She is tested at least twice a month. She also attends two to three local AA meetings a week. Respondent presented two progress reports from New Life Center confirming that she is making excellent progress in her recovery. She is scheduled to complete her recovery program on June 14, 2008, and will be off criminal probation on that date as well.

22. Respondent has been clean and sober since December 7, 2007. She had a short relapse in late 2007. She knows that she cannot control everything and needs support. She feels she needs at least one more year of intensive after care treatment. She was diagnosed with depression in 2000 and is on medication for that condition.

23. Respondent also presented some reference letters dated in 2005 to 2007. All the letters attest to respondent's excellent abilities as a nurse. She also presented work evaluations dated 2005 and 2007, demonstrating respondent's fine performance as a nurse.

24. Respondent has been honest and forthright about her problems with drugs and alcohol, and has demonstrated a commitment to recovery. It would not be against the public interest to allow respondent to continue to be licensed as a registered nurse on probation, provided she continues to work in an environment where she does not have access to the drugs she abused and is subject to drug testing.

25. Costs in the amount \$9,127 have been requested for prosecution of this matter. That amount is reasonable.

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LEGAL CONCLUSIONS

1. By reason of the matters set forth in Finding 4, cause for disciplinary action exists pursuant to Business and Professions Code section 2761, subdivision (f) (conviction of substantially related crimes).
2. By reason of the matters set forth in Finding 5, cause for disciplinary action exists pursuant to Business and Professions Code sections 2761, subdivision (a), and 2762, subdivision (b) (dangerous use of alcohol).
3. By reason of the matters set forth in Finding 6, cause for disciplinary action exists pursuant to Business and Professions Code sections 2761, subdivision (a), and 2762, subdivision (c) (unprofessional conduct – conviction of a crime involving consumption of alcohol and use of drugs).
4. By reason of the matters set forth in Findings 7, 8, and 9, cause for disciplinary action exists pursuant to Business and Professions Code sections 2761, subdivision (a), and 2762, subdivision (a) (diversion, possession and self-administration of controlled substances).
5. By reason of the matters set forth in Findings 10, 11, and 12, cause for disciplinary action exists pursuant to Business and Professions Code sections 2761, subdivision (a), and 2762, subdivision (b) (dangerous use of controlled substances).
6. By reason of the matters set forth in Findings 13, 14, 15, and 16, cause for disciplinary action exists pursuant to Business and Professions Code sections 2761, subdivision (a), and 2762, subdivision (a) (diversion, possession, prescription, and self-administration of controlled substances).
7. By reason of the matters set forth in Finding 17, cause for disciplinary action exists pursuant to Business and Professions Code sections 2761, subdivisions (a) and (d), and 2762, subdivision (a) (attempt to obtain controlled substances).
8. The matters in extenuation, mitigation and rehabilitation set forth in Findings 18, 19, 20, 21, 22, 23, and 24, have been considered in making the following order.
9. Cost recovery in the amount of \$9,127 for prosecution of this matter is reasonable and allowed pursuant to Business and Professions Code section 125.3.

ORDER

IT IS HEREBY ORDERED that Registered Nurse License Number 463037 issued to respondent Teresa L. Hopkins is revoked. However, the revocation is stayed and respondent is placed on probation for five years on the following conditions.

SEVERABILITY CLAUSE – Each condition of probation contained herein is a separate and distinct condition. If any condition of this Order, or any application thereof, is declared unenforceable in whole, in part, or to any extent, the remainder of this Order, and all other applications thereof, shall not be affected. Each condition of this Order shall separately be valid and enforceable to the fullest extent permitted by law.

1. **OBEY ALL LAWS** - Respondent shall obey all federal, state and local laws. A full and detailed account of any and all violations of law shall be reported by the respondent to the Board in writing within seventy-two (72) hours of occurrence. To permit monitoring of compliance with this condition, respondent shall submit completed fingerprint forms and fingerprint fees within 45 days of the effective date of the decision, unless previously submitted as part of the licensure application process.

CRIMINAL COURT ORDERS: If respondent is under criminal court orders, including probation or parole, and the order is violated, this shall be deemed a violation of these probation conditions, and may result in the filing of an accusation and/or petition to revoke probation.

2. **COMPLY WITH THE BOARD'S PROBATION PROGRAM** - Respondent shall fully comply with the conditions of the Probation Program established by the Board and cooperate with representatives of the Board in its monitoring and investigation of the respondent's compliance with the Board's Probation Program. Respondent shall inform the Board in writing within no more than 15 days of any address change and shall at all times maintain an active, current license status with the Board, including during any period of suspension.

Upon successful completion of probation, respondent's license shall be fully restored (See condition 17).

3. **REPORT IN PERSON** - Respondent, during the period of probation, shall appear in person at interviews/ meetings as directed by the Board or its designated representatives.
4. **RESIDENCY, PRACTICE, OR LICENSURE OUTSIDE OF STATE** - Periods of residency or practice as a registered nurse outside of California shall not apply toward a reduction of this probation time period. Respondent's probation is tolled, if and when she resides outside of California. Respondent must provide written notice to the Board within 15 days of any change of residency or practice outside the state, and within 30 days prior to re-establishing residency or returning to practice in this state.

Respondent shall provide a list of all states and territories where she has ever been licensed as a registered nurse, vocational nurse, or practical nurse.

Respondent shall further provide information regarding the status of each license and any changes in such license status during the term of probation. Respondent shall inform the Board if she applies for or obtains a new nursing license during the term of probation.

5. **SUBMIT WRITTEN REPORTS** - Respondent, during the period of probation, shall submit or cause to be submitted such written reports/declarations and verification of actions under penalty of perjury, as required by the Board. These reports/declarations shall contain statements relative to respondent's compliance with all the conditions of the Board's Probation Program. Respondent shall immediately execute all release of information forms as may be required by the Board or its representatives.

Respondent shall provide a copy of this decision to the nursing regulatory agency in every state and territory in which she has a registered nurse license.

6. **FUNCTION AS A REGISTERED NURSE** - Respondent, during the period of probation, shall engage in the practice of registered nursing in California for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

For purposes of compliance with the section, "engage in the practice of registered nursing" may include, when approved by the Board, volunteer work as a registered nurse, or work in any non-direct patient care position that requires licensure as a registered nurse.

The Board may require that advanced practice nurses engage in advanced practice nursing for a minimum of 24 hours per week for 6 consecutive months or as determined by the Board.

If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of the respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation shall apply.

7. **EMPLOYMENT APPROVAL AND REPORTING REQUIREMENTS** - Respondent shall obtain prior approval from the Board before commencing or continuing any employment, paid or voluntary, as a registered nurse. Respondent's present position at Camp Recovery Center is approved. Respondent shall cause to be submitted to the Board all performance evaluations and other employment related reports as a registered nurse upon request of the Board.

Respondent shall provide a copy of this decision to her employer and immediate supervisors prior to commencement of any nursing or other health care related employment.

In addition to the above, respondent shall notify the Board in writing within seventy-two (72) hours after she obtains any nursing or other health care related employment. Respondent shall notify the Board in writing within seventy-two (72) hours after she is terminated or separated, regardless of cause, from any nursing, or other health care related employment with a full explanation of the circumstances surrounding the termination or separation.

8. **SUPERVISION** - Respondent shall obtain prior approval from the Board regarding respondent's level of supervision and/or collaboration before commencing or continuing any employment as a registered nurse, or education and training that includes patient care.

Respondent shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved.

Respondent's level of supervision and/or collaboration may include, but is not limited to the following:

- (a) **Maximum** - The individual providing supervision and/or collaboration is present in the patient care area or in any other work setting at all times.
- (b) **Moderate** - The individual providing supervision and/or collaboration is in the patient care unit or in any other work setting at least half the hours respondent works.
- (c) **Minimum** - The individual providing supervision and/or collaboration has person-to-person communication with respondent at least twice during each shift worked.
- (d) **Home Health Care** - If respondent is approved to work in the home health care setting, the individual providing supervision and/or collaboration shall have person-to-person communication with respondent as required by the Board each work day. Respondent shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration as required by the Board during each work day. The individual providing supervision and/or collaboration shall conduct, as required by the Board, periodic,

on-site visits to patients' homes visited by the respondent with or without respondent present.

9. **EMPLOYMENT LIMITATIONS** - Respondent shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, a traveling nurse, or for an in-house nursing pool.

Respondent shall not work for a licensed home health agency as a visiting nurse unless the registered nursing supervision and other protections for home visits have been approved by the Board. Respondent shall not work in any other registered nursing occupation where home visits are required.

Respondent shall not work in any health care setting as a supervisor of registered nurses. The Board may additionally restrict respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.

Respondent shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.

Respondent shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.

If the respondent is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.

10. **COMPLETE A NURSING COURSE(S)** - Respondent, at her own expense, shall enroll and successfully complete a course(s) relevant to the practice of registered nursing no later than six months prior to the end of her probationary term.

Respondent shall obtain prior approval from the Board before enrolling in the course(s). Respondent shall submit to the Board the original transcripts or certificates of completion for the above required course(s). The Board shall return the original documents to respondent after photocopying them for its records.

11. **COST RECOVERY** - Respondent shall pay to the Board costs associated with its investigation and enforcement pursuant to Business and Professions Code Section 125.3 in the amount of \$9,127. Respondent shall be permitted to pay these costs in a payment plan approved by the Board, with payments to be completed no later than three months prior to the end of the probation term.

If respondent has not complied with this condition during the probationary term, and respondent has presented sufficient documentation of his or her good faith efforts to comply with this condition, and if no other conditions have been violated, the Board, in its discretion, may grant an extension of the respondent's probation period up to one year without further hearing in order to comply with this condition. During the one year extension, all original conditions of probation will apply.

12. VIOLATION OF PROBATION - If a respondent violates the conditions of her probation, the Board after giving the respondent notice and an opportunity to be heard, may set aside the stay order and impose the stayed discipline (revocation) of the respondent's license.

If during the period of probation, an accusation or petition to revoke probation has been filed against respondent's license or the Attorney General's Office has been requested to prepare an accusation or petition to revoke probation against the respondent's license, the probationary period shall automatically be extended and shall not expire until the accusation or petition has been acted upon by the Board.

13. LICENSE SURRENDER - During respondent's term of probation, if she ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the conditions of probation, respondent may surrender her license to the Board. The Board reserves the right to evaluate respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances, without further hearing. Upon formal acceptance of the tendered license and wall certificate, respondent will no longer be subject to the conditions of probation.

Surrender of respondent's license shall be considered a disciplinary action and shall become a part of respondent's license history with the Board. A registered nurse whose license has been surrendered may petition the Board for reinstatement no sooner than the following minimum periods from the effective date of the disciplinary decision:

- 1) Two years for reinstatement of a license that was surrendered for any reason other than a mental or physical illness; or
- 2) One year for a license surrendered for a mental or physical illness.

14. PARTICIPATE IN TREATMENT/REHABILITATION PROGRAM FOR CHEMICAL DEPENDENCE - Respondent, at her expense, shall successfully complete during the probationary period or shall have successfully completed prior to commencement of probation a Board-approved

treatment/rehabilitation program of at least six months duration. As required, reports shall be submitted by the program on forms provided by the Board. If respondent has not completed a Board-approved treatment/rehabilitation program prior to commencement of probation, respondent, within 45 days from the effective date of the decision, shall be enrolled in a program. If a program is not successfully completed within the first nine months of probation, the Board shall consider respondent in violation of probation.

Based on Board recommendation, each week respondent shall be required to attend at least one, but no more than five 12-step recovery meetings or equivalent (e.g., Narcotics Anonymous, Alcoholics Anonymous, etc.) and a nurse support group as approved and directed by the Board. If a nurse support group is not available, an additional 12-step meeting or equivalent shall be added. Respondent shall submit dated and signed documentation confirming such attendance to the Board during the entire period of probation. Respondent shall continue with the recovery plan recommended by the treatment/rehabilitation program or a licensed mental health examiner and/or other ongoing recovery groups.

15. **ABSTAIN FROM USE OF PSYCHOTROPIC (MOOD-ALTERING) DRUGS** -Respondent shall completely abstain from the possession, injection or consumption by any route of all psychotropic (mood altering) drugs, including alcohol, except when the same are ordered by a health care professional legally authorized to do so as part of documented medical treatment. Respondent shall have sent to the Board, in writing and within fourteen (14) days, by the prescribing health professional, a report identifying the medication, dosage, the date the medication was prescribed, the respondent's prognosis, the date the medication will no longer be required, and the effect on the recovery plan, if appropriate.

Respondent shall identify for the Board a single physician, nurse practitioner or physician assistant who shall be aware of respondent's history of substance abuse and will coordinate and monitor any prescriptions for respondent for dangerous drugs, controlled substances or mood-altering drugs. The coordinating physician, nurse practitioner, or physician assistant shall report to the Board on a quarterly basis respondent's compliance with this condition. If any substances considered addictive have been prescribed, the report shall identify a program for the time limited use of any such substances.

The Board may require the single coordinating physician, nurse practitioner, or physician assistant to be a specialist in addictive medicine, or to consult with a specialist in addictive medicine.

16. **SUBMIT TO TESTS AND SAMPLES** - Respondent, at her expense, shall participate in a random, biological fluid testing or a drug screening program which the Board approves. The length of time and frequency will be subject to approval by the Board. Respondent is responsible for keeping the Board informed of respondent's current telephone number at all times. Respondent shall also ensure that messages may be left at the telephone number when she is not available and ensure that reports are submitted directly by the testing agency to the Board, as directed. Any confirmed positive finding shall be reported immediately to the Board by the program and the respondent shall be considered in violation of probation.

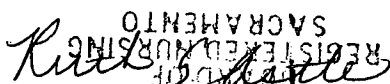
In addition, respondent, at any time during the period of probation, shall fully cooperate with the Board or any of its representatives, and shall, when requested, submit to such tests and samples as the Board or its representatives may require for the detection of alcohol, narcotics, hypnotics, dangerous drugs, or other controlled substances.

If respondent has a positive drug screen for any substance not legally authorized and not reported to the coordinating physician, nurse practitioner, or physician assistant, and the Board files a petition to revoke probation or an accusation, the Board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

If respondent fails to participate in a random, biological fluid testing or drug screening program within the specified time frame, the respondent shall immediately cease practice and shall not resume practice until notified by the Board. After taking into account documented evidence of mitigation, if the Board files a petition to revoke probation or an accusation, the Board may suspend respondent from practice pending the final decision on the petition to revoke probation or the accusation. This period of suspension will not apply to the reduction of this probationary time period.

17. **SUCCESSFUL COMPLETION:** Upon successful completion of probation, respondent's license shall be fully restored.

DATED: May 27, 2008


RUTH S. ASTLE
Administrative Law Judge
Office of Administrative Hearings

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BOARD OF

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8
9 **BEFORE THE**
10 **BOARD OF REGISTERED NURSING**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No. 2007-309

13 TERESA L. HOPKINS,
a.k.a. TERESA LYNN HOPKINS,
14 a.k.a. TERI HOPKINS
146 Marnell
15 Santa Cruz, California 95062

A C C U S A T I O N

16 Registered Nurse License No. 463037

17 Respondent.

18
19 Complainant alleges:

20 **PARTIES**

21 1. Ruth Ann Terry, M.P.H., R.N. ("Complainant") brings this Accusation
22 solely in her official capacity as the Executive Officer of the Board of Registered Nursing
23 ("Board"), Department of Consumer Affairs.

24 2. On or about March 31, 1991, the Board issued Registered Nurse License
25 Number 463037 to Teresa L. Hopkins, Teresa Lynn Hopkins, and Teri Hopkins ("Respondent").
26 Respondent's registered nurse license was in full force and effect at all times relevant to the
27 charges brought herein and will expire on August 31, 2008, unless renewed.

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1 beverages, to an extent or in a manner dangerous or injurious to himself or
2 herself, any other person, or the public or to the extent that such use impairs
3 his or her ability to conduct with safety to the public the practice authorized
4 by his or her license.

5 (c) Be convicted of a criminal offense involving the prescription,
6 consumption, or self-administration of any of the substances described in
7 subdivisions (a) and (b) of this section, or the possession of, or falsification of
8 a record pertaining to, the substances described in subdivision (a) of this section,
9 in which event the record of the conviction is conclusive evidence thereof . . .

7. Code section 2765 states:

8 A plea or verdict of guilty or a conviction following a plea of nolo
9 contendere made to a charge substantially related to the qualifications, functions
10 and duties of a registered nurse is deemed to be a conviction within the meaning
11 of this article. The board may order the license or certificate suspended or revoked,
12 or may decline to issue a license or certificate, when the time for appeal has elapsed,
13 or the judgment of conviction has been affirmed on appeal or when an order
14 granting probation is made suspending the imposition of sentence, irrespective of
15 a subsequent order under the provisions of Section 1203.4 of the Penal Code
16 allowing such person to withdraw his or her plea of guilty and to enter a plea of
17 not guilty, or setting aside the verdict of guilty, or dismissing the accusation,
18 information or indictment.

14 8. Code section 4060 states:

15 No person shall possess any controlled substance, except that furnished to
16 a person upon the prescription of a physician, dentist, podiatrist, optometrist,
17 veterinarian, or naturopathic doctor pursuant to Section 3640.7, or furnished
18 pursuant to a drug order issued by a certified nurse-midwife pursuant to Section
19 2746.51, a nurse practitioner pursuant to Section 2836.1, a physician assistant
20 pursuant to Section 3502.1, a naturopathic doctor pursuant to Section 3640.5, or
21 a pharmacist pursuant to either subparagraph (D) of paragraph (4) of, or clause
22 (iv) of subparagraph (A) of paragraph (5) of, subdivision (a) of Section 4052.
23 This section shall not apply to the possession of any controlled substance by a
24 manufacturer, wholesaler, pharmacy, pharmacist, physician, podiatrist, dentist,
25 optometrist, veterinarian, naturopathic doctor, certified nurse-midwife, nurse
26 practitioner, or physician assistant, when in stock in containers correctly
27 labeled with the name and address of the supplier or producer.

22 Nothing in this section authorizes a certified nurse-midwife, a nurse
23 practitioner, a physician assistant, or a naturopathic doctor, to order his or
24 her own stock of dangerous drugs and devices.

24 9. Code section 4324, subdivision (a), states:

25 Every person who signs the name of another, or of a fictitious person, or
26 falsely makes, alters, forges, utters, publishes, passes, or attempts to pass, as
27 genuine, any prescription for any drugs is guilty of forgery and upon conviction
28 thereof shall be punished by imprisonment in the state prison, or by imprisonment
in the county jail for not more than one year.

///

1 10. Health and Safety Code section 11173, subdivision (a), states, in pertinent
2 part:

3 No person shall obtain or attempt to obtain controlled substances, or
4 procure or attempt to procure the administration of or prescription for controlled
substances, (1) by fraud, deceit, misrepresentation, or subterfuge . . .

5 **COST RECOVERY**

6 11. Code section 125.3 provides, in pertinent part, that the Board may request
7 the administrative law judge to direct a licentiate found to have committed a violation or
8 violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation
9 and enforcement of the case.

10 **CONTROLLED SUBSTANCES AT ISSUE**

11 12. "Oxycontin" is a trade name for controlled release oxycodone. Oxycodone
12 is a Schedule II controlled substance as designated by Health and Safety Code section 11055,
13 subdivision (b)(1)(N).

14 13. "Duragesic" is a transdermal system which provides continuous systemic
15 delivery of Fentanyl for 72 hours. Fentanyl is a Schedule II controlled substance as designated by
16 Health and Safety Code section 11055, subdivision (c)(8).

17 14. "Valium", a brand name for diazepam, is a Schedule IV controlled
18 substance as designated by Health and Safety Code section 11057, subdivision (d)(9).

19 15. "Percocet", a combination drug containing 5 mg of oxycodone
20 hydrochloride and acetaminophen, is a Schedule II controlled substance as designated by Health
21 and Safety Code section 11055, subdivision (b)(1)(N).

22 16. "Roxanol" is a trade name for morphine sulfate. Morphine sulfate is a
23 Schedule II controlled substance as designated by Health and Safety Code section 11055,
24 subdivision (b)(1)(M).

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Criminal Convictions)**

3 17. Respondent is subject to disciplinary action pursuant to Code section
4 2761, subdivision (f), in that Respondent was convicted of crimes which are substantially related
5 to the qualifications, functions, and duties of a registered nurse, as follows:

6 a. On or about June 16, 2005, in the criminal proceeding titled *People v.*
7 *Teresa Lynn Hopkins* (Super. Ct. Santa Cruz County, 2005, Case No. F11341), Respondent was
8 convicted by the court on her plea of nolo contendere to two counts of violating Penal Code
9 section 470, subdivision (b) (forging the handwriting of another with the intent to defraud) and
10 one count of violating Health and Safety Code section 11368 (forging or altering a prescription).

11 b. On or about October 6, 2005, in the criminal proceeding titled *People v.*
12 *Teresa Lynn Hopkins* (Super. Ct. Santa Cruz County, 2005, Case No. M24635), Respondent was
13 convicted by the court on her plea of nolo contendere to violating Vehicle Code section 23152,
14 subdivision (a) (driving under the combined influence of alcohol and drugs). The incident upon
15 which Respondent's conviction is based occurred on or about July 26, 2004.

16 **SECOND CAUSE FOR DISCIPLINE**

17 **(Use of Alcoholic Beverages to an Extent or in a Manner
18 Dangerous or Injurious to Oneself and Others)**

19 18. Respondent is subject to disciplinary action pursuant to Code section
20 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Code section
21 2762, subdivision (b), in that on or about July 26, 2004, Respondent used alcoholic beverages to
22 an extent or in a manner dangerous or injurious to herself and others, as set forth in subparagraph
23 17(b) above.

24 **THIRD CAUSE FOR DISCIPLINE**

25 **(Conviction of a Crime Involving Consumption of Alcoholic Beverages)**

26 19. Respondent is subject to disciplinary action pursuant to Code section
27 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Code section
28 2762, subdivision (c), in that on or about June 16, 2005, and October 6, 2005, Respondent was

convicted of criminal offenses involving the prescription of controlled substances and the consumption of alcoholic beverages, as set forth in paragraph 17 above.

PACIFIC COAST MANOR

FOURTH CAUSE FOR DISCIPLINE

(Diversion, Possession, and Self-Administration of Controlled Substances)

20. Respondent is subject to disciplinary action pursuant to Code section 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Code section 2762, subdivision (a), in that in and between 2000 and October 2003, while employed and/or on duty as a registered nurse at Pacific Coast Manor ("PCM"), Capitola, California, Respondent did the following:

Diversion of Controlled Substances:

a. On or about July 5, 2003, and August 18, 2003, Respondent obtained the controlled substances Oxycontin and Fentanyl by fraud, deceit, misrepresentation, or subterfuge, in violation of Health and Safety Code section 11173, subdivision (a), as follows:

1. On or about July 5, 2003, between approximately 0900 and 1500 hours, Respondent took two 10 mg tablets of Oxycontin from PCM's drug supply for her own personal use. Further, Respondent falsified the Accountability Drug Record to conceal her diversion by falsely representing on the drug record that another nurse, R. L., administered one 10 mg tablet of Oxycontin to patient 1 at 0900 hours, and another one 10 mg tablet of Oxycontin to the patient at 1500 hours. Respondent also forged R. L.'s signature on the drug record.¹

2. On or about August 18, 2003, Respondent obtained two Fentanyl patches for her own personal use. Respondent was scheduled to begin her shift at 1500 hours. At approximately 1430 hours, Respondent removed two Fentanyl patches from patient 2's right arm which had been applied by the morning nursing staff.

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1. R. L. was not on duty at the time of the incidents.

1 3. In and between 2000 and October 2003, Respondent, by her own
2 admission, obtained the controlled substances morphine sulfate and Fentanyl by taking
3 the medications from PCM's drug supply "at least twenty times" and falsifying the
4 facility's drug records to conceal her diversion.

5 **Possession of Controlled Substances:**

6 b. On or about July 5, 2003, and in and between 2000 and October 2003,
7 Respondent possessed the controlled substances Oxycontin and morphine sulfate without valid
8 prescriptions from a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic
9 doctor, in violation of Code section 4060.

10 **Self-Administration of Controlled Substances:**

11 c. On or about July 5, 2003, and in and between 2000 and October 2003,
12 Respondent self-administered unknown quantities of Oxycontin and/or morphine sulfate without
13 lawful authority therefor.

14 **FIFTH CAUSE FOR DISCIPLINE**

15 **(Use of Controlled Substances to an Extent or in a Manner**
16 **Dangerous or Injurious to Oneself or Others)**

17 21. Respondent is subject to disciplinary action pursuant to Code section
18 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Code section
19 2762, subdivision (b), in that in and between 1991 and August 29, 2003, while licensed as a
20 registered nurse, Respondent used the controlled substances morphine sulfate, Fentanyl, Valium,
21 and/or Percocet to an extent or in a manner dangerous or injurious to herself and/or others, or to
22 the extent that such use impaired her ability to conduct her nursing duties safely, as follows:

23 a. From approximately July 1991, to January 1998, Respondent worked as a
24 registered nurse in the Intensive Care and Telemetry Units at Dominican Santa Cruz Hospital,
25 Santa Cruz, California (hereinafter "Dominican SCH"). Respondent, by her own admission,
26 began self-administering "unwasted" morphine sulfate in 1995 and performed her nursing duties
27 while under the influence of morphine sulfate and other drugs. Respondent was placed on a
28 leave of absence after she was discovered diverting morphine sulfate from the hospital.

1 Respondent was subsequently allowed to return to work in the Medical Record Unit at the
2 hospital, but was terminated from her employment in July 1998, due to her continued substance
3 abuse.

4 b. From approximately June 2000, to October 2003, Respondent worked as a
5 registered nurse at PCM. Respondent, by her own admission, abused her prescription Fentanyl
6 patches and became "too sick to function". Respondent also diverted drugs, including Fentanyl,
7 from PCM patients to keep from going into withdrawal and self-administered the drugs before
8 reporting for work or while on duty as a registered nurse.

9 c. On August 29, 2003, Respondent was transported via ambulance to the
10 Dominican SCH Emergency Department. Paramedics reported that cleaning staff found
11 Respondent face down in a pool of vomit and blood in a Santa Cruz hotel. Respondent was
12 stabilized and treated in the Intensive Care Unit. Respondent admitted that she attempted suicide
13 by taking an overdose of various controlled substances, including 60 Valium tablets and an
14 unknown number of Percocet tablets, and by using three Duragesic patches. On September 3,
15 2003, Respondent was diagnosed as being a danger to herself and was involuntarily hospitalized
16 at Dominican SCH's Behavioral Health Unit.

17 **HOSPICE CARING PROJECT**

18 **SIXTH CAUSE FOR DISCIPLINE**

19 **(Diversion, Possession, Prescription, and**
20 **Self-Administration of Controlled Substances)**

21 22. Respondent is subject to disciplinary action pursuant to Code section
22 2761, subdivision (a), on the grounds of unprofessional conduct, as defined by Code section
23 2762, subdivision (a), in that on and between December 3, 2002, and March 22, 2003, while
24 employed and/or on duty as a registered nurse at Hospice Caring Project, Aptos, California,
25 Respondent did the following:

26 **Diversion of Controlled Substances:**

27 a. On and between January 3, 2003, and March 22, 2003, Respondent
28 obtained the controlled substances Roxanol and Fentanyl (Duragesic) by fraud, deceit,

misrepresentation, or subterfuge, in violation of Health and Safety Code section 11173, subdivision (a), as follows:

Patient 1

1. On or about December 3, 2002, Respondent wrote a false Physician Order ("P.O.") for Fentanyl 200 mcg patches and Roxanol 20 mg for patient 1 under the name of Dr. J. H. and forged Dr. J. H.'s signature on the P.O. On or about January 3, 2003, Respondent faxed the P.O. to Walgreens SC pharmacy located in Santa Cruz, California (hereinafter "Walgreens"), then went to Walgreens and obtained the Fentanyl and Roxanol for her own personal use.

2. On or about February 4, 2003, Respondent wrote a false P.O. for Fentanyl 50 mcg patches and Roxanol 20 mg for patient 1 under the name of Dr. S. T., forged Dr. S. T.'s signature on the P.O., faxed the P.O. to Walgreens, then went to Walgreens and obtained the Fentanyl and Roxanol for her own personal use.

3. On or about February 8, 2003, Respondent wrote a false P.O. for Fentanyl 50 mcg patches and Roxanol 20 mg for patient 1 under the name of Dr. S. T., forged Dr. S. T.'s signature on the P.O., faxed the P.O. to Walgreens, then went to Walgreens and obtained the Fentanyl and Roxanol for her own personal use.

4. On or about March 7, 2003, Respondent wrote a false P.O. for Fentanyl 50 mcg patches and Roxanol 20 mg for patient 1 under the name of Dr. S. T., forged Dr. S. T.'s signature on the P.O., faxed the P.O. to Walgreens, then went to Walgreens and obtained the Fentanyl and Roxanol for her own personal use.

Patient 2

5. On or about March 18, 2003, Respondent wrote a false P.O. for Fentanyl 200 mcg patches for patient 2 under the name of Dr. S. T., forged Dr. S. T.'s signature on the P.O., faxed the P.O. to Walgreens, then went to Walgreens and obtained the Fentanyl for her own personal use.

6. On or about March 22, 2003, Respondent wrote a false P.O. for Fentanyl 100 mcg patches for patient 2 under the name of Dr. S. T., forged Dr. S. T.'s

signature on the P.O., faxed the P.O. to Walgreens, then went to Walgreens and obtained the Fentanyl for her own personal use.

Possession of Controlled Substances:

b. On and between January 3, 2003, and March 22, 2003, Respondent possessed various quantities of the controlled substance Roxanol without valid prescriptions from a physician, dentist, podiatrist, optometrist, veterinarian, or naturopathic doctor, in violation of Code section 4060.

Prescription of Controlled Substances:

c. On and between December 3, 2002, and March 22, 2003, Respondent prescribed several quantities of the controlled substances Roxanol and Fentanyl for patients 1 and 2, as set forth in subparagraphs (a)(1) through (a)(6) above. Further, on or about March 27, 2003, Respondent wrote a false P.O. for Fentanyl patches 50 mcg and Roxanol 60 cc for patient 1 under the name of Dr. S. T., forged Dr. S. T.'s signature on the P.O., then faxed the P.O. to Walgreens (the prescriptions were voided and not dispensed to Respondent).

Self-Administration of Controlled Substances:

d. In and between December 2002, and March 2003, Respondent self-administered the controlled substance Roxanol without lawful authority therefor.

SEVENTH CAUSE FOR DISCIPLINE

(Attempt to Obtain Controlled Substances)

23. Respondent is subject to disciplinary action pursuant to Code section 2761, subdivision (d), in that on or about March 27, 2003, while employed and/or on duty as a registered nurse at Hospice Caring Project, Aptos, California, Respondent attempted to obtain the controlled substances Fentanyl and Roxanol by fraud, deceit, misrepresentation, or subterfuge, in violation of Code sections 2761, subdivision (a), and 2762, subdivision (a), and Health and Safety Code section 11173, subdivision (a), as set forth in subparagraph 22 (c) above.

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1 PRAYER


2 WHEREFORE, Complainant requests that a hearing be held on the matters herein
3 alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

4 1. Revoking or suspending Registered Nurse License Number 463037, issued
5 to Teresa L. Hopkins, Teresa Lynn Hopkins, and Teri Hopkins;

6 2. Ordering Teresa Lynn Hardy, also known as Teresa L. Hopkins, Teresa
7 Lynn Hopkins, and Teri Hopkins, to pay the Board of Registered Nursing the reasonable costs of
8 the investigation and enforcement of this case, pursuant to Business and Professions Code
9 section 125.3;

10 3. Taking such other and further action as deemed necessary and proper.

11
12 DATED: 6-25-07

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14 
15 RUTH ANN TERRY, M.P.H., R.N.
16 Executive Officer
17 Board of Registered Nursing
18 Department of Consumer Affairs
19 State of California
20 Complainant
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26 03579-110-SF
27 phd; 04/06/2007
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